



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc: Oct 2014
IN REPLY REFER TO
BUMEDNOTE 1500
BUMED-M73
21 Oct 2013

BUMED NOTICE 1500

From: Chief, Bureau of Medicine and Surgery

Subj: PHASED MEDICAL READINESS TRAUMA TRAINING REQUIREMENTS

Encl: (1) Trauma Training Requirements for Deploying Navy Medical Department Personnel

1. Purpose. To meet the needs of the Combatant Commanders (COCOMs), as well as all deploying medical staff, Navy Medicine is moving forward on issuing core requirements for platform training. The goal is to delineate training that proactively and adequately prepares our personnel for the mission, while minimizing time spent away from their parent commands.

2. Cancellation. BUMED Memo 1500 Ser M00/UN093000730 of 9 Aug 2010 (NAVMED Policy Memo 10-012).

3. Applicability. This notice applies to all Navy Medical Department personnel.

4. Policy. This policy establishes minimum Navy Medicine core trauma training requirements for phased medical platform readiness training. Additional requirements based on the specific platform and planned utilization may exist above the common minimum requirements for all platforms.

5. Navy Medical Readiness Trauma Training. Training will be coordinated and conducted in three phases:

a. Phase I. This is core training to be managed by the sourcing/parent command. This includes individual medical and trauma skills training that can be met through attending formal courses, completing computer based courses, or participating in clinical cross training. Core requirements for each staff type are found in enclosure (1). The core training applies to all Navy Medicine personnel assigned to or deploying with a medical operational platform or sourced globally for missions across all operational theaters. Example: Advanced Trauma Life Support, Trauma Nurse Core Course or Tactical Combat Casualty Care.

b. Phase II. Phase II training is platform specific training. This is training to be coordinated by the sourcing/parent command. This includes training that occurs in the environment, on the equipment, and with the unit construct similar to what the member is expected to encounter when deployed on that platform. Example: Expeditionary Medical Facility Training at Naval Expeditionary Medical Training Institute or simulated operational surgical team training.

c. Phase III. Phase III training is mission specific training as defined by the COCOM. This training is provided, whenever possible and usually just in time to those individuals deploying to an identified area of responsibility (AOR) or for a specific mission or as an adaptive force package. Phase III training will not always be possible; therefore, it is imperative that our emphasis be placed on meeting a substantial readiness posture through the completion of Phase I and II training and designating phase III training to provide refresher and/or mission specific training.

4. Enclosure (1) delineates phased trauma training courses that are required to be completed prior to the member reporting to the receiving command for pre-deployment training.

5. The commander, commanding officer (CO), or officer in charge (OIC) of the sourcing command is responsible for ensuring compliance with all Phase I and Phase II requirements for all personnel deploying from their parent command. The member's commander, CO, or OIC will ensure the most current version of NAVPERS 1300/22, Expeditionary Screening Checklist is completed. Training identified as not mandatory, but strongly recommended, shall be supported to the fullest extent possible.

6. Additional funding will not be provided. With the exception of the Combat Extremity Surgery Course (CESC), these requirements include basic training that is already being provided at multiple Navy sites and should be covered by the parent command's staff education and training budgets. The CESC is currently centrally funded through the Bureau of Medicine and Surgery (BUMED) Headquarters Resource Management (BUMED-M85) with general program management through Navy Medicine Operational Training Center.

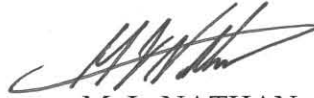
7. Effective immediately, Echelon 3 commands will implement this policy for all Navy Medical Department personnel in their AOR who are globally sourced or assigned to an operational platform. Additionally, commands will take proactive action to ensure personnel maintain their basic specialty skills training as part of their overall medical readiness whether assigned to a platform or not. These requirements also apply to BUMED Headquarters. Tracking training completion/compliance is required using the Defense Medical Human Resources System – internet (DMHRSi) and/or the Expeditionary Medical Platform Augmentation, Readiness, and Training System (EMPARTS).

8. Phased Medical Readiness Trauma Training requirements include Reserve Component medical personnel assigned to operational platforms. Funding sources and documentation of completed phased medical readiness training will be coordinated with BUMED Reserve Policy and Integration (BUMED-M10), Commander, Navy Reserve Forces Command, and other key stakeholders. All efforts are being made to implement a total force solution to address business process and database interoperability challenges.

9. Records Management. Records created as a result of this notice, regardless of media format, shall be managed per SECNAV Manual 5210.1 of January 2012.

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10. Forms. NAVPERS 1300/22 (Rev. 08-2012), Expeditionary Screening Checklist is available from the Navy Personnel Command Web site at: [http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Documents/NAVPERS%201300-22%20\(Rav.%2008-2012\)_RE.pdf](http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Documents/NAVPERS%201300-22%20(Rav.%2008-2012)_RE.pdf).



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TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Physicians/ Oral Surgeons	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All	Combat Casualty Care Course (C4) Phase I Training	Once in career, preferably within 2 years of accession	Mandatory OPNAVINST 6320.7A / MCO 6320.7A BUMEDINST 1500.15C	ATLS is included in C4 for physicians. DMRTI: FY 13 12 Course iterations, 27 USN Seats/Class Bushmaster is conducted at USUHS.	1. Bushmaster Course 2. Prior deployed "combat care" experience with Fleet Hospital/ EMF/Duty with USMC or Army.
All	Advanced Trauma Life Support (ATLS) Phase I Training	Maintain current through deployment	Mandatory BUMEDINST 1500.15C	Certification good for 4 years Executive Sponser: American College of Surgeons (ACS)	
Those assigned to: FRSS/STP USMC Billets Other Forward Resuscitative Care/Role 2 Assignments (i.e., FST)	Navy Trauma Training Center (NTTC) Phase II or III Training	Within 2 years prior to deployment	1. Mandatory for FRSS/STP USMC Billets regardless of theater location - Marine Corps Combat Development Center (MCCDC) ltr 3900 MCCDC/C445 of 3 Oct 2001 2. CENTCOM AOR: Mandatory Onetime Experience if going to Role 2 Light Maneuver (LM) units USCENTCOM FY 13 Standard and Non-standard Forces Training Requirments FRAGO 09-1700 Mod 1. 3. Strongly Recommended for others, especially for non-surgeon Physicians	This Training Meets the EWSC Requirement for Surgeons and CESC Requirement for Orthopedic Surgeons Carries AQD which is good for 2 years. NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 NC seats, and 15 HM seats)	1. Other Service Trauma Training Center Completion 2. Completed Trauma Fellowship within last 3 years. 3. Actively engages in ongoing care of trauma patients (moonlighting etc.). 4. Demonstration of Joint Trauma Systems Clinical Practice Guidelines (CPGs) through deployment experience within past 3 years.
All	Emergency War Surgery Course (EWSC) Phase I Training	General Surgeons: Every 3 years All Others: One-time requirement	Mandatory All Surgeons prior to deployment regardless of theater location CENTCOM AOR: Mandatory One-time requirement for all Physicians and Oral Surgeons per USCENTCOM FY13 Standard and Non- standard Forces Training Requirements FRAGO 09-1700 Mod 1.	1. EWSC is offered through DMRTI and is open to Surgeons, MC, NC, and PAs. 2. Navy EWSC offered via NMC Portsmouth and NMC San Diego and is open only to Surgeons.	1. Joint Forces Combat Trauma Management Course (JFCTMC) offered through Army's AMEDD C&S 2. Navy Trauma Training Center (NTTC) or other service trauma training program (ATTC/CSTARS). 3. Completed Trauma Fellowship within last 3 years. 4. Actively engaged in the ongoing practice of Trauma Surgery (Moonlighting at Level 1 Trauma Center) 5. Demonstration of Joint Trauma Systems Clinical Practice Guidelines (CPGs) through deployment experience within past 3 years.

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Physicians/ Oral Surgeons	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All Orthopedic Surgeons	Combat Extremity Surgery Course (CESC) Phase I Training	New Orthopedic Surgeons: within their 1st year. Current Orthopedic Surgeons: Every 3 years	Mandatory BUMED Requirement	CESC is offered at: 1. Army Trauma Training Center (ATTC) 2. Society of Military Orthopaedic Surgeons (SOMOS) Conference. Quota management is through Orthopaedic Specialty Leader. Currently funding is through BUMED-M85.	1. NTTC 2. EWSC 3. Completed Orthopedic Trauma Fellowship in last 3 years. Actively engaged in the ongoing practice of Orthopedic Trauma Surgery (moonlighting). 4. Demonstration of Joint Trauma Systems Clinical Practice Guidelines (CPGs) through deployment experience within past 3 years.
All	Concussion/Mild Traumatic Brain Injury (mTBI) in the deployed setting Phase I Training	Within 3 months of deployment	Mandatory BUMED Policy Memo Ser M9/111UN093000775 9 Sep 2011	Courses offered on NKO: 1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur. 2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel. 3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, all mental health providers and other providers involved with TBI care.	
All Deploying Providers including Deploying Dental Officers	MACE/CPG/DoDI Course This currently delivered during NEMTI training Phase II Training	Within 3 months of deployment	Mandatory CENTCOM FRAGO 09-1656 Concussion/ mTBI Management and Tracking	TBI for Deploying Providers course is offered quarterly offered at the National Intrepid Center of Excellence. <u>Target Audience:</u> Deploying providers (MD, NP, PA, RN, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses. Navy POCs for course information/registration are: - CAPT Jack Tsao, BUMED-M9, (703) 681-9102 - Dr. Alia Creason, BUMED-M9, (703) 681-9055	TBI for Deploying Providers: A 2-day tri-service course sponsored by the Army (see Special Information column).

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

Nurses	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All	Combat Casualty Care Course (C4) Phase I Training	Once in career, preferably within 2 years of accession	Mandatory	TNCC is included in C4 for nurses. DMRTI: FY 13 12 Course iterations, 27 USN Seats/Class	Prior deployed "combat care" experience with Fleet Hospital/ EMF/ Duty with USMC or Army.
All deployment critical subspecialties (1945s, 1960s, 1950s)	Trauma Nurse Core Course (TNCC) Phase I Training	Maintain current through deployment	Mandatory All 1945, 1960 & 1950 Specialty Codes. Strongly Recommended for all others BUMEDINST 1500.15C	Executive Sponsor: Emergency Nurses Association (ENA) Certification good for 4 years For CRNAs and NPs, ATLS is preferred.	1. Advanced Trauma Nurse Course (ATCN),Sponsored by: Society of Trauma Nurses (STN) 2. Actively engaged in the on-going practice of Emergency Trauma Resuscitation Nursing (moonlighting at a Level I Trauma Center).
All	Emergency Nursing Pediatrics Course (ENPC) Phase I Training	Within 2 years prior to deployment	Strongly Recommended BUMEDINST 1500.15C	Certification good for 4 years Executive Sponser: ENA, see ENA Web site (http://www.ena.org) to find a list of courses offered by State.	
Those assigned to a Emergency Forward Care/Role 1; Forward Resuscitative Care/Role 2; or Theater Hospital /Role 2E/Role 3 billets	Emergency War Surgery Course (EWSC) Phase I Training	CENTCOM AOR: One-time requirement	Mandatory for CENTCOM AOR USCENTCOM FY 13 Non-standard Forces Training Requirements FRAGO 09-1700 Mod 1.	1. EWSC is offered through DMRTI and is open to Surgeons, MDs, NC, PAs. 2. Navy EWSC offered via NMC Portsmouth and NMC San Diego and is open only to Surgeons.	1. Joint Forces Combat Trauma Management Course (JFCTMC) offered through Army's AMEDD C&S 2. Navy Trauma Training Center (NTTC) or other service trauma training program (ATTC/CSTARS). 3. Actively engaged in the ongoing practice of Trauma Nursing (Moonlighting at Level 1 Trauma Center). 4. Current working knowledge of theater CPGs (recent deployment).
All	Advanced Burn Life Support (ABLS) Phase I Training	Within 2 years prior to deployment	Strongly Recommended BUMEDINST 1500.15C	ABLS is offered through DMRTI Exportable Training. For list of courses contact DMRTI ABLS Section, (210) 295-0358 E-mail Address: ABLS@amedd.army.mil Certification is good for 4 years	

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Nurses	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
Those assigned to EnRoute Care (ERC) roles/billets	Joint EnRoute Care Course (JECC) Phase I or Phase III Training	Within 3 years of deployment	<p>Mandatory for RNs assigned to one of the 33 NC USMC ERC Billets and the Critical Care Nurse for each of the nine Fleet Surgical Teams (FSTs)</p> <p>Strongly recommended for other 1960s and 1945s assigned to Fleet and Marine Corps platforms.</p> <p>USMC ERC: MARADMIN; EnRoute Care Team Training Requirements; DTG 251454Z May 10 and COMNAVSURPACINST5450.6/COMNAVSURLANTINST 5450.6 of Oct 2010</p>	<p>Advanced Cardiac Life Support (ACLS) is a prerequisite for JECC</p> <p>JECC is offered through the US Army School of Aviation Medicine, Fort Rucker, Alabama. Navy registration is through NMOTC, Comm Telephone: (850) 452-2851</p> <p>Flight physical required prior to attending JECC</p> <p>ERC nurses MUST be Critical Care (1960) or Emergency / Trauma (1945) Specialties. Do not substitute Med-Surg nurses or other nurse specialties.</p>	<p>1. Not Waiverable if assigned to one of the 33 RN USMC ERC billets. Currently, only USMC billets associated with STPs/FRSSs have coded ERC billets.</p> <p>2. Must repeat JECC after 3 years unless actively engaged in the practice of critical care transport nursing (moonlighting etc.).</p>
<p>Those assigned to: FRSS/STP USMC Billets</p> <p>Other Forward Resuscitative Care/Role 2 Assignments (i.e. FST)</p>	<p>Navy Trauma Training Center (NTTC)</p> <p>Phase II or III Training</p>	Within 2 years prior to deployment	<p>1. Mandatory for FRSS/STP USMC Billets regardless of theater location - Marine Corps Combat Development Center (MCCDC) ltr 3900 MCCDC/C445 of 3 Oct 2001.</p> <p>2. CENTCOM AOR: Mandatory Onetime Experience if going to Role 2 LM units.</p> <p>USCENTCOM FY13 Standard & Non-standard Forces Training Requirements FRAGO 09-1700 Mod 1.</p> <p>3. Strongly Recommended for others, especially for non-surgeon Physicians.</p>	<p>This Training Meets the EWSC Requirement</p> <p>Carries AQD which is good for 2 years.</p> <p>NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 NC seats, and 15 HM seats)</p>	<p>1. Other Service Trauma Training Center Completion i.e., Army Trauma Training Center (ATTC) in Miami or the Air Force's Center for Sustainment and Trauma Readiness Skills (CSTARS) in Baltimore.</p> <p>2. Actively engages in ongoing care of trauma patients (moonlighting @ Level I Trauma Center etc.).</p> <p>3. Demonstration of Joint Trauma Systems Clinical Practice Guidelines (CPGs) through deployment experience within past 3 years.</p>
All	<p>Concussion/Mild Traumatic Brain Injury (mTBI) in the deployed setting</p> <p>Phase I Training</p>	Within 3 months of deployment	<p>Mandatory</p> <p>BUMED Policy Memo SerM9/I11UN093000775 9 Sep 2011</p>	<p>Courses offered on NKO:</p> <p>1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur.</p> <p>2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel.</p> <p>3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, NPs, all mental health personnel including mental health clinical nurse specialists (CNS) dealing w/ TBI care.</p>	

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Nurses	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All Assigned to Theater Hospitals/Role 2E/Role 3 Units	MACE/CPG/DoDI Course This currently delivered during NEMTI training Phase II Training	Within 3 months of deployment	Mandatory CENTCOM FRAGO 09-1656 Concussion/mTBI Management and Tracking	TBI for Deploying Providers course is offered quarterly at the National Intrepid Center of Excellence. <u>Target Audience:</u> Deploying providers (MD, NP, PA, RN, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses. Navy POCs for course information/registration are: - CAPT Jack Tsao, BUMED-M9, (703) 681-9102 - Dr. Alia Creason, BUMED-M9, (703) 681-9055	TBI for Deploying Providers: A 2-day tri-service course sponsored by the Army (see Special Information column)
Physician Assistants	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All	Combat Casualty Care Course (C4) Phase I Training	Once in career, preferably within 2 years of accession	Mandatory	PHTLS or ATLS is included in C4 for PAs. DMRTI: FY 13 12 Course iterations, 27 USN Seats/Class	Prior deployed "combat care" experience with Fleet Hospital/EMF/Duty with USMC or Army
All	Advanced Trauma Life Support (ATLS) Phase I Training	Maintain current through deployment	Mandatory BUMEDINST 1500.15C	Certification good for 4 years	
All Assigned to a First Responder Role. Emergency Forward Care/Role 1	Tactical Combat Casualty Care (TCCC) Phase I Training	Within 6 months prior to deployment	Strongly Recommended all others outside of First Responder Roles USCENTCOM FY 13 Standard and Non-standard Forces Training Requirements FRAGO 09-1700 Mod 1.		1. Joint Forces Combat Trauma Management Course (JFCTMC) offered through AMEDD C&S (Army). 2. Field Medical Service Officer (FMSO) course.
All	Advanced Burn Life Support (ABLS) Phase I Training	Within 2 years prior to deployment	Strongly Recommended BUMEDINST 1500.15C	Certification is good for 4 years Course is offered through DMRTI Exportable Training.	

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Physician Assistants	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All Orthopedic PAs	Combat Extremity Surgery Course (CESC) Phase I Training	Within 2 years prior to deployment	Mandatory	Applies only to PAs holding the 6HL AQD.	
Those assigned to a Emergency Forward Care/ Role 1; Forward Resuscitative Care/Role 2; or Theater Hospital /Role 2E/Role 3 billets	Emergency War Surgery Course (EWSC) Phase I Training	CENTCOM AOR: One-time requirement	Mandatory for CENTCOM AOR USCENTCOM FY 13 Non-standard Forces Training Requirements FRAGO 09-1700 Mod 1.	1. EWSC is offered through DMRTI and is open to Surgeons, MDs, NC, and PAs. 2. Navy EWSC offered via NMC Portsmouth and NMC San Diego and is open only to Surgeons. 3. PA Specialty Leader prefers PAs attend JFCTMC which is offered through Army AMEDD C&S.	1. Joint Forces Combat Trauma Management Course (JFCTMC) offered through AMEDD C&S (Army). 2. Navy Trauma Training Center (NTTC) or other service trauma training program (ATTC/CSTARS). 3. Actively engaged in the ongoing practice of Trauma Nursing (Moonlighting at Level I Trauma Center). 4. Demonstration of Joint Trauma Systems Clinical Practice Guidelines (CPGs) through deployment experience within past 3 years.
Those assigned to: FRSS/STP USMC Billets Other Forward Resuscitative Care/Role 2 Assignments (i.e., FST)	Navy Trauma Training Center (NTTC) Phase II or III Training	Within 2 years prior to deployment	1. Mandatory for FRSS/STP USMC Billets regardless of theater location - Marine Corps Combat Development Center (MCCDC) ltr 3900 MCCDC/C445 of 3 Oct 2001. 2. CENTCOM AOR: Mandatory One-time Experience if going to Role 2 LM units USCENTCOM FY 13 Standard and Non-standard Forces Training Requirements FRAGO 09-1700 Mod 1. 3. Strongly Recommended for others, especially for non-surgeon Physicians.	This Training Meets the EWSC Requirement Carries AQD which is good for 2 years. NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 NC seats, and 15 HM seats). PAs may fill any of the empty class seats.	1. Other Service Trauma Training Center Completion 2. Actively engages in ongoing care of trauma patients (moonlighting Level I Trauma Center etc) 3. Demonstration of Joint Trauma Systems Clinical Practice Guidelines (CPGs) through deployment experience within past 3 years.
All	Concussion/Mild Traumatic Brain Injury (mTBI) in the deployed setting Phase I Training	Within 3 months of deployment	Mandatory BUMED Policy Memo Ser M9/111UN093000775 9 Sep 2011	Courses offered on NKO: 1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur. 2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel. 3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, all mental health providers, and other providers involved with TBI care.	

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Physician Assistants	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All	MACE/CPG/DoDI Course This currently delivered during NEMTI training Phase II Training	Within 3 months of deployment	Mandatory CENTCOM FRAGO 09-1656 Concussion/ mTBI Management and Tracking	TBI for Deploying Providers course is offered quarterly offered at the National Intrepid Center of Excellence. <u>Target Audience:</u> Deploying providers (MD, NP, PA, RN, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses. Navy POCs for course information/registration are: - CAPT Jack Tsao, BUMED-M9, (703) 681-9102 - Dr. Alia Creason, BUMED-M9, (703) 681-9055	TBI for Deploying Providers: A 2-day tri-service course sponsored by the Army (see Special Information column).
Corpsmen	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All	Tactical Combat Casualty Care (TCCC) Phase I Training	Within 180 days prior to deployment and every 2 years	Mandatory BUMEDINST 1510.2, paragraph 3b applies		NOT Waiverable
All	Field Medical Service Technician (FMST) School Phase I or III Training	Once in career, preferably within 2 years of accession	Mandatory for assignment with USMC Strongly Recommended for all others.	FMST is currently 8 weeks of training and is held at the Field Medical Training Battalions at Camp Pendleton and at Camp Lejune.	NOT Waiverable
Those assigned to: FRSS/STP USMC Billets Other Forward Resuscitative Care/Role 2 Assignments (i.e., FST)	Navy Trauma Training Center (NTTC) Phase II or III Training	Within 6-8 months prior to deployment	1. Mandatory for FRSS/STP USMC Billets regardless of theater location - Marine Corps Combat Development Center (MCCDC) ltr 3900 MCCDC/C445 of 3 Oct 2001. 2. CENTCOM AOR: Mandatory one-time experience if going to Role 2 LM units USCENTCOM FY13 Standard and Non-standard Forces Training Requirements FRAGO 09-1700 Mod 1. 3. Strongly Recommended for others, especially for non-surgeon Physicians.	NTTC holds 11 iterations/year and has 24 seats/class (6 MC seats, 3 NC seats, and 15 HM seats)	NOT Waiverable if assigned to FRSS.

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Corpsmen	Course	Timing	Requirement*	Special Information/ Comments	Acceptable Alternatives
All Deploying HMs	Concussion/Mild Traumatic Brain Injury (mTBI) in the deployed setting Phase I Training	Within 3 months of deployment	Mandatory BUMED Policy Memo SerM9/111UN093000775 9 Sep 2011	Courses offered on NKO: 1. Traumatic Brain Injury 201: "Overview for Health Care Personnel" (NM-12-TBI201-1.0) <u>Target Audience:</u> All active duty providers and clinical support staff working in direct patient care areas where initial diagnosis and/or treatment of TBI may occur. 2. Traumatic Brain Injury 301: "Battlefield Management for Mild Traumatic Brain Injury" (NM-12-TBI301-1.0) <u>Target Audience:</u> All deploying medical personnel. 3. Traumatic Brain Injury 401: "Primary Care, Assessment and Management for Concussion" (NM-12-TBI401-1.0) <u>Target Audience:</u> All primary care managers, all mental health providers, and other providers involved with TBI care.	
All Deploying HMs	MACE/CPG/DoDI Course This currently delivered during NEMTI training Phase II Training	Within 3 months of deployment	Mandatory CENTCOM FRAGO 09-1656 Concussion/ mTBI Management and Tracking	TBI for Deploying Providers course is offered quarterly offered at the National Intrepid Center of Excellence. <u>Target Audience:</u> Deploying providers (MD, NP, PA, RN, psychologist, OT, PT, SW, SLP, OT, and PT tech) and those who train deployers or hold key positions at the school houses. Navy POCs for course information/registration are: - CAPT Jack Tsao, BUMED-M9, (703) 681-9102 - Dr. Alia Creason, BUMED-M9, (703) 681-9055	TBI for Deploying Providers: A 2-day tri-service course sponsored by the Army (see Special Information column)
Those assigned to EnRoute Care (ERC) roles/billets	Joint EnRoute Care Course (JECC) and Flight Medic Course (FMC) Phase I or Phase III Training	Within 3 years of deployment	Mandatory for HMs assigned to one of the 33 HM USMC ERC Billets USMC ERC: MARADMIN; EnRoute Care Team Training Requirements; DTG 251454Z May 10	JECC is offered through the US Army School of Aviation Medicine, Fort Rucker, Alabama. Navy registration is through NMOTC, Comm Telephone: (850) 452-2851. JECC Prerequisites: 1. Flight Medic Course, a 4-week course also held at Fort Rucker. 2. Advanced Cardiac Life Support (ACLS). Flight physical required prior to attending JECC.	1. Not Waiverable if assigned to one of the 33 HM USMC ERC billets. Currently, only USMC billets associated with STPs/FRSSS have coded ERC billets. 2. Must repeat JECC after 3 years unless actively engaged in the practice of critical care transport nursing (moonlighting etc.).

TRAUMA TRAINING REQUIREMENTS FOR DEPLOYING NAVY MEDICAL DEPARTMENT PERSONNEL

These requirements were developed by BUMED per CENTCOM guidance regarding both Standard and Non-Standard Forces deploying to the CENTCOM AOR and supported by BUMEDINST 1500.22 and BUMEDINST 1500.15C (currently under revision). The purpose of this document is to annotate Trauma Training Requirements needed for deployment and as such consist of Medical Readiness Requirements that should be proactively maintained.

Additional medical requirements:

Clinical Practice Guidelines (CPGs): All Medics/Corpsmen/Medical Technicians E7 and above, Nurses, PAs, NPs, and Physicians must be familiar with approved CPGs within 3 months of deployment). Web site for CPGs: http://www.usaisr.amedd.army.mil/assets/cpgs/02_CENTCOM_JTTS_CPG_Process_2_Apr_12.pdf

Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) Training: One primary and one alternate for each Role 2 and Role 3 facility.

* Chief, BUMED has designated Specialty Leaders (SLs) as his agents to adjudicate whether prior training or experience meets requirement. Waivers are intended to allow flexibility in meeting a requirement, since it is the skills we are interested in, rather than the specific course taken to acquire the skill. Waivers are NOT to be used to allow deployment of untrained individuals! CENTCOM requirements cannot be waived by BUMED.

** SL must still grant a waiver. These alternatives simply provide guidance on other courses that may serve as the basis for requesting a waiver. The SL has the final decision regarding the adequacy of medical training of the individual for an assignment. An e-mail from the SL is sufficient evidence for Command to document in DMHRSi that a waiver has been granted.

Joint Taxonomy of Care (previously echelons of care)

Emergency Forward Care - First Responder (EFC - FR) = Role 1, Basic Emergency/Trauma Care

Forward Resuscitative Care (FRC) = Role 2 Light Maneuver (2LM), resuscitation to damage control surgery. No bed/hold capacity.

Role 2 Enhanced (2E) is MTF capability to stabilize post-surgical cases for evacuation. CRTSs, CVNs, and USMC Surgical Companies

Theater Hospitalization (TH) =Role 3

En Route Care (ERC)